CLAIMS ONLY

Application Number	Filing Date.
10/019323	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
~~2~~							51						
~~2~~							52						
③							53						
④							54						
⑤							55						
⑥							56						
⑦							57						
8							58						
9							59						
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~~11~~							61						
~~12~~							62						
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~~14~~							64						
~~15~~							65						
~~16~~							66						
⑰							67						
⑱							68						
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20							70						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep							Total Indep						
Total Depend							Total Depend						
Total Claims							Total Claims						